**Slave Lake Poker Run: June 2, 2018**

**Rally Registration Form**

**\_\_\_\_\_ DRIVER**

**\_\_\_\_\_ PASSENGER (Driver’s Name)**

## The OHV Regulations of Alberta Must be observed at all times.

**Wristband #**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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## Registration and insurance are required by law.

## Helmets must be worn by all participants.

## No Alcohol allowed on the Trail or during the Rally.

## You Must stay on the marked Rally route.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last name) (First name)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Town/City) (Postal Code)

Contact: (IMPORTANT *IN CASE OF EMERGENCY*. Please use a CURRENT number)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell you have with you Home number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency contact number **(not with you today)** Relationship of emergency contact

This rally involves safely driving your off highway vehicle over the designated route which encompasses mixed terrain. If you have a medical or physical limitation that may be a factor in your safe completion of the rally, we recommend that you do not enter. If you have any medical conditions or safety concerns please make us aware of them (eg. Epipen, diabetic etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office Use Only:*

Wristband ($40.00) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra hands ($20.00 each) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR Five hands ($100.00) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque \_\_\_\_\_ Cash \_\_\_\_\_

 *(Chq to Whitecap Motorsports Park Assoc.)*

Each rider 18 and over is required to sign this waiver before the Poker Run. Participants under 18 must have a signature from a parent or guardian allowing them to ride.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

I, hereby sign this agreement on behalf of personal representative, my heirs, assigns and myself. Whitecap Motorsports Park Association collectively referred to as “the company” and/or “the agents”.

1. I agree as a precondition to my participation in all events organized by “the company” and/or “the agents” including, but not limited to: Rallies, Poker Runs, Fun Runs, Trail Rides (collectively referred to as “the activities”) and in further consideration of “the company” allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (“the Agreement”).
2. I acknowledge that “the activities” involve inherent risks and dangers that may cause serious injury and possible death to participants.
3. I fully understand the risks and dangers associated with my participation in “the activities” and accept the same entirely at my own risk.
4. I hereby waive any and all claims which I may have against “the company” and “the agents” and release “the company” and “the agents” from all liability for injury, death, property damage or any other loss sustained by me as a result of my participation in “the activities”, due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care by “the company” and/or “the agents”.
5. I appreciate that “the agreement” limits the liability of “the agents” to the same extent as it limits the liability of “the company”, even though “the agents” are not formal parties to “the agreement”.

## I AM 18 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND “THE AGREEMENT”. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE COMPANY” AND/OR “THE AGENTS” AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT AND/OR GUARDIAN OF THE PARTICIPANT, I HAVE READ, UNDERSTAND AND EXECUTE “THE AGREEMENT” ON BEHALF OF MY CHILD/WARD.

**WITNESS (PLEASE PRINT) SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE PRINT NAME**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME OF CHILD/WARD**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_